

Authorization to Bill for Vaccine Administration
Riley County-Manhattan Health Department
2030 Tecumseh Rd * Manhattan, KS 66502 * 785.776.4779

I authorize Riley County-Manhattan Health Department to release pertinent information about my medical condition for the purpose of securing health insurance benefits information, authorization, or payment for administering the H1N1 vaccine and I request that payment of authorized insurance benefits be made on my behalf to RCMHD.

I agree to provide a current copy of my insurance identification card, policy number, and demographic information to RCMHD.

Printed name of patient

Patient date of birth

Signature of patient/patient representative

Date

Insurance Information:

Insurance Name: _____

ID#: _____

Group#: _____

Name of Insured: _____ Date of Birth: _____

Patient relationship to insured: _____